



**PERSONAL INFORMATION FORM
(ALCOHOLIC BEVERAGE LICENSE)**

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN10866 (Rev. 11-2003)

STATE USE ONLY
LICENSE NO.

1. Name:		Social Security Number:	
2. Do You Now or Have You in the Past Used Any Name(s) Other Than the One Listed on Question Number One on this Form? Yes No			
If You Answered "Yes", List the Name(s) Now or Previously Used (Be Sure to Include any Maiden Name):			
3. Present Home Address:	City:	State:	Zip Code:
4. Country of Citizenship:	Date of Birth:		
Place of Birth:			
Name of Spouse:			
5. Name of Premises to be Licensed:			
City Where Premises are Located:			
6. List all Places of Residence During Past <u>Ten</u> Years: (Including present date <u>and</u> present address)			
Years: (From - To)	Street Address:	City:	State:
Years: (From - To)	Street Address:	City:	State:
Years: (From - To)	Street Address:	City:	State:
Years: (From - To)	Street Address:	City:	State:
Years: (From - To)	Street Address:	City:	State:
Years: (From - To)	Street Address:	City:	State:
7. State Your Employment (Including Part-Time) for the Past <u>Ten</u> Years:			
Years: (From - To)	Employer:	Business Address:	Reason For Leaving:
Years: (From - To)	Employer:	Business Address:	Reason For Leaving:
Years: (From - To)	Employer:	Business Address:	Reason For Leaving:
Years: (From - To)	Employer:	Business Address:	Reason For Leaving:
Years: (From - To)	Employer:	Business Address:	Reason For Leaving:
Years: (From - To)	Employer:	Business Address:	Reason For Leaving:
8. Have You Ever Operated, Had a Financial Interest in, or Been Employed with an Alcoholic Beverage Establishment? Yes No If so. List:			
Years: (From - To)	Name of Establishment:	Address:	Your Involvement:
Years: (From - To)	Name of Establishment:	Address:	Your Involvement:
Years: (From - To)	Name of Establishment:	Address:	Your Involvement:

(OVER)

9. Have You been Charged with <u>or</u> Convicted of a Crime (Felony <u>or</u> Misdemeanor) Within the Last Five Years? Yes No If so, List all Criminal charges, Convictions, and the Disposition: (This includes all crimes, including nonsufficient funds checks, no account checks, and DUI's)					
Date:	Offense:	City:	State:	Disposition:	Felony or Misdemeanor:
Date:	Offense:	City:	State:	Disposition:	Felony or Misdemeanor:
Date:	Offense:	City:	State:	Disposition:	Felony or Misdemeanor:
Date:	Offense:	City:	State:	Disposition:	Felony or Misdemeanor:
Date:	Offense:	City:	State:	Disposition:	Felony or Misdemeanor:

10. Have You or any Entity with which You have been or are Associated had any License Denied or Revoked? Yes No

If Yes, Give Full Details:

The undersigned swears that the information on this form is true and correct to the best of his/her knowledge, information, and belief, and acknowledges that false or misleading information is sufficient grounds for denial or revocation of license or authorization.

Signature: _____

State of _____)
)
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Seal)

Notary Public:

My commission expires on:

Return To: Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329

PRIVACY ACT NOTIFICATION

Your social security number is requested to permit the North Dakota Attorney General to properly conduct a background investigation pursuant to N.D.C.C. section 5-02-02 and N.D.A.C. section 10-08-01-02 before the issuance of a state retail alcohol beverage license. Disclosure of your social security number is voluntary. However, not providing this information may result in delay in the issuance of a license due to misidentification or criminal records check requirements of other state, local, or federal agencies.